



GRANT COUNTY  
PLANNING DEPARTMENT  
P.O. Box 37 - 264 WEST DIVISION AVENUE  
EPHRATA, WA 98823  
(509) 754-2011 EXT 2501

## ***Grant County Planning Department*** ***CONDITIONAL USE PERMIT***

Fees \$1,000

SEPA Environmental Checklist (if applicable) \$300

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### **PART I** **PROCEDURES FOR APPLYING FOR A CONDITIONAL USE PERMIT**

1. The applicant must complete the following and present it to the Planning Department. The permitting process for an application will take an average of 60 days to complete. However, Grant County will issue a decision on the Conditional Use Permit application no later than 120 days following the determination of completeness.
  - a. An application for a Conditional Use Permit (see attached);
  - b. A scaled drawing showing, in detail, the site of the proposed use in which a conditional use is needed.
    - 1) Vicinity map
    - 2) Legal Description of property (be as complete as possible)
    - 3) Map or plot plan of the layout of property and proposed use including the following:
      - a) Scale of drawing.
      - b) North arrow.
      - c) Location of the proposed project including existing and proposed structure dimensions and distances to property lines.
      - d) Location of all proposed and existing utilities including power, water, septic tank and drainfield.
      - e) Off street parking (if applicable).
      - f) Location of all proposed and existing roads providing access to property, driveways, parking areas, rights-of-way and easements.
      - g) Location of any distinguishing physical features located on the property including but not limited to streams, culverts, drainage ways, wetlands, bluffs, etc.
  - c. A check may be made payable to "Grant County" and submitted with the completed Conditional Use Permit application. An Environmental Checklist may be required to identify impacts from your proposal and help the responsible official determine whether a Determination of Non-significance, a Mitigated Determination of Non-significance, or an Environmental Impact Statement may be necessary.

- d. Please note that if you are changing the use of a building or portion thereof, you may be required to make changes to the building to comply with the Uniform Building Code, Uniform Fire Code, and Americans with Disabilities Act, etc. You are requested to contact the Grant County Building Department if you are changing the use of a building or modifying a structure for the Conditional Use Permit to determine if any modifications are required. This may prevent spending money on the permit process only to later find out that the structure cannot be cost effectively remodeled for the intended use.
2. The Planning Department Staff will do the following:
  - a. Prepare a list of names and addresses of all property owners within three hundred (300) feet of the exterior boundaries of the subject property;
  - b. Provide notice of application upon the issuance of a determination of completeness;
  - c. Mail notice of any open record hearing (if applicable) to the applicant and the applicant's representative, the above list of names, and any person who submits written or oral comments on the application at least fifteen (15) calendar days prior to the hearing; and shall
  - d. Publish legal notice of public hearing of a Conditional Use Permit according to the requirements of the Local Project Permit Review Ordinance 97-192-CC.
3. **The Hearing Examiner** meets on the second (2<sup>nd</sup>) Wednesday of the month. The application will be heard before the Hearing Examiner at an open record public hearing. At the public hearing, the applicant or representative shall be present to answer any questions the Hearing Examiner may have relative to the proposed use. You will be notified by mail as to what date your application will be heard before the Hearing Examiner.
4. **Hearing:** After the open record public hearing and based upon findings of fact, the Hearing Examiner will determine whether the conditional use permit is to be granted, granted with conditions, or denied. The Hearing Examiner's written decision should be issued within 10 working days of the date of the hearing.
5. **Time Frame for Decision:** Once the application is deemed complete, the review process will begin. Provided that there is not a continuance on the application, generally a decision on the conditional use permit will be made within 120 days, subject to an open record public hearing.
6. **Appeals:** Decisions of the Hearing Examiner shall be final unless the original applicant or a party with standing makes an appeal to the Superior Court of Grant County pursuant to RCW 36.70C and the Grant County Local Project Permit Review Ordinance, 97-192-CC.

## Conditional Use Permit – Responses to Criteria of Approval

Pursuant to GCC 25.08.050, any request for a conditional use permit shall be accompanied by a narrative statements demonstrating how the proposed request conforms to the criteria for approval specified in GCC 25.08.060. Please provide a narrative statement addressing each of the following criteria for approval and how your proposal complies with the criteria:

1. The proposed use will not be contrary to the intent or purposes and regulations of the Grant County Code or the Comprehensive Plan.
2. The proposal is appropriate in design, character and appearance with the goals and policies for the land use designation in which the proposed use is located.
3. The proposed use will not cause significant adverse impact on the human or natural environment that cannot be mitigated by conditions of approval.
4. The cumulative impact of additional requests for like actions (the total of the conditional uses over time or space) will not produce significant adverse effects to the environment that cannot be mitigated by conditions of approval.
5. The proposal will be served by adequate facilities including access, fire protection, water, stormwater control, and sewage disposal facilities.
6. The location, size, and height of buildings, structures, walls and fences, and screening vegetation for the proposed use shall not unreasonably interfere with allowable development or use of neighboring properties.
7. The pedestrian and vehicular traffic associated with the conditional use will not be hazardous to existing and anticipated traffic in the neighborhood.
8. Land uses, activities, and structures that are allowable as conditional uses must also comply with any required performance standards specified in GCC 23.08.
9. The proposal does not include any use or activities that would result in the siting of an incompatible use adjacent to an airport or airfield (RCW 36.70).
10. The proposal conforms to the standards specified in GC 23.12.

*All requested information shall be provided - use black ink or type for photocopying purposes*

**PART II  
CONDITIONAL USE PERMIT APPLICATION**

Legal Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Work): \_\_\_\_\_ Fax: \_\_\_\_\_

If applicant is not the owner, include the written owner authorization form below designating the contact to serve as representative.

Owner's Designated Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Work): \_\_\_\_\_ Fax: \_\_\_\_\_

Project/Proposal Site Area (Acres or sq. ft.): \_\_\_\_\_

Assessor Tax Parcel No.(s) of Proposal Site: \_\_\_\_\_

Adjacent Area Owned or Controlled (Acres or sq. ft.): \_\_\_\_\_

Assessor Tax Parcel No.(s) of Adjacent Land Owned or Controlled: \_\_\_\_\_

Street Address of Proposed Site (if any): \_\_\_\_\_

Describe Existing Use(s) on Proposed Site (Such as buildings, well, sewer drainfield and others): \_\_\_\_\_

Existing Zoning Classification: \_\_\_\_\_

Comprehensive Plan Category: \_\_\_\_\_

Growth Management Act Designation: Within IUGA or UGA? ( ) yes ( ) no

School District: \_\_\_\_\_

Fire District: \_\_\_\_\_

Water Purveyor: \_\_\_\_\_

Irrigation District: \_\_\_\_\_

Proposed Use of Property:

( ) Duplexes	( ) Business	( ) Multi-Family dwelling
( ) Industrial	( ) Mixed Use	( ) Single-family dwelling
( ) Manufactured Homes		( ) Other: Please describe

List Previous Grant County Actions Involving this Property: (Such as tax segregation application, certificate of exemptions, GA or EA affidavit, subdivision, lot segregation or Agriculture District segregation, zone change, variance, temporary use SEPA review, estate transfer, zoning code violation or others)

### LEGAL INFORMATION

Location of Proposal Site (General description by which direction and how far from roads and intersections and other community features):

Section(s): \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Legal description attached: ( ) yes ( ) no

Name of Public Road (s) providing access:

Width of Property Fronting on Public Road: \_\_\_\_\_

Section of the zoning ordinance under which it is claimed that a conditional use should be granted:

Purpose for the requested conditional use:

Is the proposed use to be temporary or permanent? If temporary, please explain:

If you have any additional comments, please attach them on a separate sheet of paper.

**PART III**

**LEGAL OWNER SIGNATURE**

(Signature of legal owner or representative as authorized by legal owner)

I, the undersigned, swear or affirm under penalty of perjury that the above responses are made truthfully and to the best of my knowledge.

I further swear or affirm that I am the owner of record of the area proposed for the previously identified land use action, or, if not the owner, attached herewith is written permission from the owner authorizing my actions on his or her behalf.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or representative

\_\_\_\_\_  
Date

**Notary**

(For Part III Above)

STATE OF WASHINGTON       )  
COUNTY OF GRANT       )       ss:

SUBSCRIBED AND SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
Notary Signature

Notary Public in and for the State of Washington  
Residing at: \_\_\_\_\_  
My appointment expires: \_\_\_\_\_

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**PART IV**

(To be completed by the Planning Department)

Date Submitted: \_\_\_\_\_ Planner: \_\_\_\_\_  
Total Fees: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
File #: \_\_\_\_\_ Complete Application: \_\_\_\_\_

**Critical Areas Checklist**  
Pursuant to Grant County 24.08.070

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- 1) Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Parcel Number \_\_\_\_\_
- 2) Site Address: \_\_\_\_\_
- 3) Directions to site and landmarks to help staff locate the site: \_\_\_\_\_
  
- 4) If this checklist is submitted independently, please attach a Section map obtained from the Assessor's office and highlight the project area. Attached? Yes \_\_\_ No \_\_\_
- 5) Proposed uses: \_\_\_\_\_
- 6) For independent CAO review, please attach a Site Plan. Attached? Yes \_\_\_ No \_\_\_
- 7) Please answer the following questions concerning Critical Area indicators located on or within 300 feet of the project area.
  - a) Are you aware of any environmental documentation that has been prepared related to critical areas that includes the subject area? (if yes, please attach a list of document titles).  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  - b) Are there any surface waters (including year-round and seasonal streams, saltwater, lakes, ponds, bogs, fens, swamps, marshes)?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  - c) Is there vegetation that is associated with wetlands?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  - d) Have any wetlands been identified?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  - e) Are there areas where the ground is consistently inundated or saturated with water?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  - f) Is there any State or Federally listed sensitive, endangered or threatened species and habitats?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  - g) Are there slopes of 15% or greater?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  - h) Is the project located within a Flood Hazard Zone?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  - i) Do you know of any geologic hazards (for example: erosion hazards, landslide hazards, seismic hazards and mine hazards)?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_
  - j) Do you know of any cultural resource sites (lands, sites, structures with historic or archaeological significance) located on the proposed site?  
Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Information regarding endangered species, wetland vegetation and flood hazard zones is available for public use at the Grant County Planning Department. I understand that if the information on this form is later determined to be incorrect, the project or activity may be subject to conditions or denial as necessary to meet the requirements of GCC 24.08, the Grant County Critical Areas Ordinance.

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Applicant's Signature

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Date

## PRE-APPLICATION REVIEW CONFERENCE WAIVER

Pre-application conferences are intended as an informal discussion and review of possible applications to assist the applicant in discovery of appropriate county regulations, standards, application materials and review processes, that would be required of a project, as well as to identify environmental issues that may arise in connection with the application for proposed development.

- However, the requirement for the pre-application conference may be waived by the administrative official with the concurrence of the applicant.

Application No.: \_\_\_\_\_

Type of Application: \_\_\_\_\_

I hereby request a waiver to the pre-application conference as provided in the Grant County Local Project Review Ordinance (Ord. #97-192-CC). I have been provided with copies of the county ordinances and other related information concerning this application. Furthermore, I have read and understand the requirements and will be providing all the necessary information needed for the formal review process of this application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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### ADMINISTRATIVE REVIEW

Upon consideration of the application and supplemental materials and information submitted thus far by the applicant, Administrator finds that:

- 1) the application itself **is / is not** relatively simple; and
- 2) the administrative official had made a good faith determination that the applicant **will / will not** be harmed by the failure to hold a pre-application conference.

The above request for a waiver of the Pre-Application Conference requirement is hereby **APPROVED / DENIED**.

\_\_\_\_\_  
Project Planner

\_\_\_\_\_  
Date



# SITE PLAN INSTRUCTIONS

## INSTRUCTIONS:

- Complete the information requested in the gray box at the top of the reverse side of this page and draw your site plan in the space provided; you may use additional 8½ X 11 sheets as needed;
- Identify the north arrow in the space provided;
- Use an accurate scale for drawing (ie; "1 inch = 10 feet" or "1 inch = 20 feet" or "1 inch = 100 feet" etc.);
- Draw the boundaries of the parcel including the dimensions (you may need a plat map copy from the assessor's office)
- Draw the location and dimensions of all existing buildings and structures;
- Draw the location of the proposed project including the structure dimensions, and distances to property lines and existing buildings and structures;
- Draw the location of all proposed and existing utilities (including power, phone, water, sewer systems, reserve drainfield, etc.);
- Draw the location and dimensions of all existing and proposed roads, driveways, parking areas, rights-of-way and easements;
- Draw the location of any distinguishing physical features located on or adjacent to the property (including but not limited to : streams, culverts, drainage ways, wetlands, slopes, bluffs, etc.);
- In the gray box at the bottom of the page, please provide detailed directions to the site;
- If you have questions regarding these instructions, please see the "EXAMPLE" SITE PLAN provided below. If you have further questions not covered in the example, please call (509) 754-2011, extension 620 for assistance.

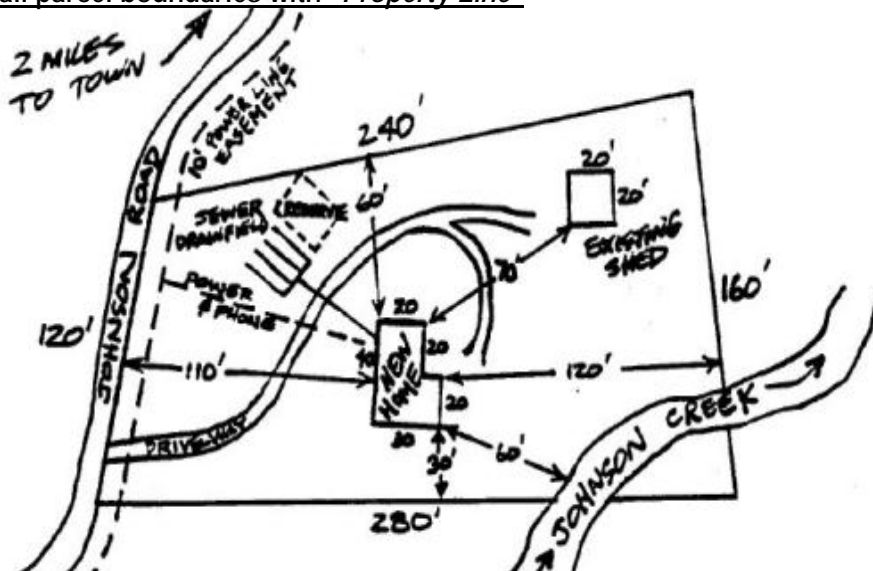
## "EXAMPLE" SITE PLAN

IN ORDER TO PROCESS LANDUSE APPLICATIONS, ALL SUBMISSIONS MUST INCLUDE A COMPLETED SITE PLAN MAP OF THE PROPOSED PROJECT (SEE INTRUCTIONS), submission of an incomplete site plan map will be considered as an incomplete application and returned to the applicant:

PROJECT/ OWNER NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARCEL #(s) \_\_\_\_\_ DRAWING SCALE \_\_\_\_\_ inch(s) = \_\_\_\_\_ feet

**NOTE:** Please label all parcel boundaries with "Property Line"



Directions to the Site:

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# SITE PLAN

IN ORDER TO PROCESS LAND USE APPLICATIONS, ALL SUBMISSIONS MUST INCLUDE A COMPLETED SITE PLAN MAP OF THE PROPOSED PROJECT (SEE INSTRUCTIONS), submission of an incomplete site plan map will be considered as an incomplete application and returned to the applicant:

PROJECT/ OWNER NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARCEL #(s) \_\_\_\_\_ DRAWING SCALE \_\_\_\_\_ inch(s) = \_\_\_\_\_ feet

NOTE: Please label all parcel boundaries with "*Property Line*"

NORTH  
ARROW

Directions to the Site:



**GRANT COUNTY**  
**PLANNING DEPARTMENT**  
P.O. Box 37 - 264 WEST DIVISION AVENUE  
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(509) 754-2011 EXT 2501

## **LAND USE ACTIVITY**

### **ACKNOWLEDGEMENT AND AUTHORIZATION FORM**

I, \_\_\_\_\_, legal owner  
of Parcel (s) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, hereby authorize  
\_\_\_\_\_ to act as my agent, in the  
\_\_\_\_\_ application filed in the  
Grant County Planning Department.

\_\_\_\_\_  
Legal Owner Signature

\_\_\_\_\_  
Legal Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**A GRANT COUNTY HEALTH DISTRICT “*LAND  
USE PROPOSAL APPLICATION*” MAY BE  
REQUIRED FOR THIS PROJECT; PLEASE  
CONTACT THE PLANNING DEPARTMENT AND  
HEALTH DISTRICT\* FOR VERIFICATION**

IF APPLICABLE, IN ORDER FOR YOUR LAND USE PERMIT  
APPLICATION PACKET TO BE ACCEPTED IT MUST CONTAIN THE  
FORM SIGNED BY THE HEALTH DISTRICT REPRESENTATIVE.

\* Grant County Health District Contact information:

1038 West Ivy  
Moses Lake, WA 98837  
(509) 766-7960  
[www.granthealth.org](http://www.granthealth.org)